



PATENT  
Docket No. 492322014700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Yasuo SEGAWA *et al.*

Serial No.: 10/705,223

Filing Date: November 12, 2003

For: SEMICONDUCTOR DEVICE WITH  
ISOLATED STORAGE CAPACITOR  
AND ITS MANUFACTURING  
METHOD

Examiner: Kevin V. Quinto

Group Art Unit: 2826

**AMENDMENT UNDER 37 CFR 1.111**

M/S Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Action mailed January 13, 2005, please amend this application as follows:

**The listing of claims begins on page 2.**

**The Remarks begin on page 5.**



*Handwritten initials*

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/705,223
		Filing Date	November 12, 2003
		First Named Inventor	Yasuo SEGAWA
		Art Unit	2826
		Examiner Name	K. V. Quinto
Total Number of Pages in This Submission	6	Attorney Docket Number	492322014700

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>[Handwritten Signature]</i>		
Printed name	Barry E. Bretschneider		
Date	April 12, 2005	Reg. No.	28,055